



09-14-06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Bruce Steinberg
SERIAL NUMBER: 10/730,482
FILING DATE: 12/08/2003
FOR: System and Method for Noninvasively Evaluating a Limb Suspected of Compartment Syndrome
ATTORNEY DOCKET NO.: 062365.00006

Certificate of Corrections Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT
35 U.S.C. 255 § 1.323

1. Attached in duplicate is Form PTO/SB/44 with at least one copy being suitable for printing.
2. The exact page and line number where the errors occur in the application are:

Column 5, line 59 – "too little fore" should be "too little force"

3. Please send the Certificate to:

Michael J. Colitz, III
Holland & Knight LLP
Suite 4100
100 N. Tampa Street
Tampa, Florida 33602

09/15/2006 DEMMANU1 00000040 7097625

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*Certificate
SEP 18 2006
of Correction*

Respectfully submitted,

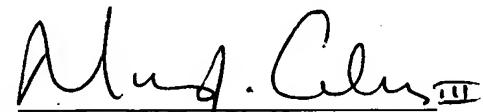


Michael J. Colitz, III
Registration No. 37,010
Holland & Knight LLP
Suite 4100
100 North Tampa Street
Tampa, Florida 33602
Telephone: 813/227-8500
Facsimile: 813/229-0134

CERTIFICATE OF MAILING

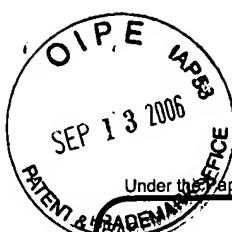
I HEREBY CERTIFY that the foregoing was placed in an envelope and mailed via first class mail, postage paid, to the Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this the 13 day of September, 2006.

The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment, to Deposit Account Number 50-1667.



Michael J. Colitz, III

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100.00)

Complete if Known

Application Number 10/730,482

Filing Date 12/08/03

First Named Inventor Bruce Steinberg

Examiner Name

Art Unit

Attorney Docket No. 062365.00006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-1667 Deposit Account Name: Holland & Knight LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
4 - 3 or HP =	1 x 100 =	100			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Certificate of Correction - Applicant's mistake

\$100.00

SUBMITTED BY

Signature	<i>Michael J. Colitz</i>	Registration No. (Attorney/Agent) 37,010	Telephone 813/227-8500
Name (Print/Type)	Michael J. Colitz, III		Date 9/13/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SEP 19 2006

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**Page 1 of 1

PATENT NO. : 7,097,625

APPLICATION NO.: 10/730,482

ISSUE DATE : 08/29/06

INVENTOR(S) : Bruce Steinberg

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 5, line 59 - "yellow would indicate too little fore" should read "yellow would indicate too little force"

MAILING ADDRESS OF SENDER (Please do not use customer number below):

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SEP 19 2006



EXPRESS MAIL CERTIFICATE

"EXPRESS MAIL" MAILING LABEL NUMBER: EV812235535

DATE OF DEPOSIT: 10/13/06

File No. 62365.00006

I HEREBY CERTIFY that the enclosed Request for Certificate of Correction; Certificate of Correction (Form PTO/SB/44); Fee Transmittal; Check in the amount of \$100.00; and return receipt postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated and is addressed to the Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment, to Deposit Account No. 50-1667.

Michael J. Colitz, III

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SEP 19 2006